

## Division of Health Care Facilities

PRINTED: 02/14/2012  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1912	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - IMPERIAL MANOR CONV/ B. WING _____		(X3) DATE SURVEY COMPLETED  02/12/2012
NAME OF PROVIDER OR SUPPLIER  IMPERIAL GARDENS HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	1200-8-6-.08(2) Building Standards  (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.  This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the overall nursing home environment.  The findings included:  On 2/12/12 at 11:25 AM, observation within the dietary area revealed the food storage room door was loose and about to fall out from the door jam.  This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit conference on 2/12/12.	N 832	The results of the compliance rounds will be presented to the QA committee quarterly to identify any trends.  N-832 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The storage room door in the dietary department was repaired on 2/28/12.  2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No residents were affected by this deficient practice.  3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? The door to the storage room in the dietary department will be monitored weekly by the maintenance department to assure it is attached correctly. A monthly walking preventative compliance round will be conducted in the facility by the plant ops/maintenance supervisor and/or designee.  4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The results of the weekly monitoring of the storage room door in the dietary department will be reported to the Administrator weekly. The results of the compliance round will be reported to the QA committee quarterly to determine any trend.	2/28/2012	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
E FORM

Mike Bass

TITLE

Administrator

(X6) DATE

3-1-2012

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Continuation Sheet 1 of 1